

FILED  
U.S. DISTRICT COURT  
DISTRICT OF WYOMING

JAN 11 2012

Stephan Harris, Clerk  
Casper

11CV359-F

AO440 (Rev. 8/01) Summons in a Civil Case

RETURN OF SERVICE		
Service of the Summons and complaint was made by me	DATE	
NAME OF SERVER (PRINT)	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input checked="" type="checkbox"/> Other (specify): <u>Certified mail - Proof of delivery confirmation.</u> <u># 7011 1570 0002 9962 1999 - Rocky Edmonds</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____ Date _____ Signature of Server _____</p> <p style="text-align: center;">_____ Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

Dec. 27, 2011 06:11 AM Lance Fax

307462062

PAGE 1/ 1

<p><b>RECIPIENT COMPLETE THIS SECTION</b></p> <p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p><b>MAILING SERVICE COMPLETE THIS SECTION</b></p>	
<p>1. Article Addressed to:</p> <p>Rocky L. Edmonds 402 6th Street PO Box 1470 Rawlins, WY 82301</p>		<p>A. Signature X <i>D. Swatler</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D. Swatler</i> C. Date of Delivery 11/22/11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label) 7011 1570 0002 9962 1999</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> COLT         </p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Domestic Return Receipt</p>	

<p><b>RECIPIENT COMPLETE THIS SECTION</b></p> <p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p><b>MAILING SERVICE COMPLETE THIS SECTION</b></p>	
<p>1. Article Addressed to:</p> <p>Gerald K. Russell 402 6th Street PO Box 1470 Rawlins, WY 82301</p>		<p>A. Signature X <i>D. Swatler</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D. Swatler</i> C. Date of Delivery 11/22/11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label) 7011 1570 0002 9962 1982</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> COLT         </p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Domestic Return Receipt</p>	

PSNPS 02 11 1043